AHCCCS NPI - HIPAA Consortium

February 21, 2007
2:00 PM to 3:00 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Facilitator: Lori Petre

Handouts:
Meeting Minutes 01/23/07
Overall NPI Status Updates
AHCCCS NPI Key Updates, February 2007
Email Re: Current NPI Status Reports
MCO-NPI Milestone Status Tracking as of 02/20/07 (form)
AHCCCS HIPAA NPI Testing Reminders & Table of Testing Expectations
HIPAA Updates, February 2007, pp. 1-11

Attendees:
(Based on sign-in sheets)

Abrazo Health
James Ten Eyck*
JoAnn Ward*

ADES
Sandra Duffy*
Stacey Hill
Brian Lensch

ADHS
Kevin Gibson
Ian Hubbert
Dimiter Pekin
Paul Rendfeld*

AHCCCS
Cynthia Barker
Deborah Burrell
Dwanna Epps
Leroy Geske
Patti Goodwin
Ester Hunt
Asia Lennear
Jacqueline McElroy
Brent Ratterree
Kermit Rose
Teresa Stanfill

Capstone
Lydia Ruiz

Care 1st Arizona
Sheila Jones
Ann Weeks

Centene Corporation
Rebecca Anderson*

Cochise Health Sys
Paula Saroff*

Healthchoice AZ
Jesse Perlmutter*

Maximus
Diane Sanders

Pima Health Systems
Sue Harrison*

Pinal / Gila LTC
Cheryl Davis
Jennifer Schwarz

Scan Healthplan
Julie Shannon*
Sharon Hawn*

Schaller Anderson
Todd Cassel
Cathy Jackson-Smith
Joseph Pinelli

UHC
Beverly Duffy*

Yavapai County
Becky Ducharme*
John Gessell*

***Teleconferenced**

Arizona NPI Technical Consortium
February 21, 2007, 2:00-3:00 pm

Welcome

Lori thanked everyone who braved the construction traffic to attend the Consortium today and delivered the following opening remarks:

- All questions submitted to the Consortium by email prior to today's meeting are listed on the Agenda. This practice will continue for future meetings and a running tally of all such questions will be saved and included as a regular item so that everyone's concerns can be addressed.
- In an effort to maintain accurate minutes of the meetings, all comments or corrections to the minutes should be directed to the Coordinator, preferably within one week of each meeting, before they are published to the AHCCCS Consortium website (NpiConsortiumCoordinator@azahcccs.gov).

Overall NPI Status — Lori Petre

- PMMIS Updates for February….All NPI changes affecting encounters/claims are in production. Submission on or after 5/23/07 will require NPI. That includes resubmissions and related items previously submitted. There is talk of a rumored extension period but, at this point, work remains focused on a 05/23/07 deadline. No indication of such an announcement has surfaced.
- Current Listing of Provider Types….The list of provider types, distributed at last month's Consortium, is available on the website. There are no changes as of yet, although there has been a request for a change for school services.
- Enumeration Statistics….Since updating the numbers for AHCCCS just one week ago, the total of NPIs on file has increased from 7,431 to over 9000 providers. Plans for additional outreach and web postings are being talked about in steering committees.
- Contractor Meetings….The individual health plan program contractor meetings began one week ago and have gone well so far. The intent of those meetings is to hold individual conversations about where AHCCCS stands with where the plans are - challenges, issues, and a vision of where things are going. Those attending include Mary Kay, Valerie, Lori and Dave Mollenhauer. It is helpful for contractors to think ahead about what can be accomplished in those meetings. There will likely be another round of talks as the compliance date approaches.
- NPI Fact Sheet….The Fact Sheet has been published to the website for use in entirety or in part. Notifications for any updates to this document will be sent as they occur.
- Reminders from Valerie….The current policy for accepting NPI information requires that information being submitted to AHCCCS be submitted with an authorized signature. The provider's signature or a copy of the notification statement the provider received from the enumerator will suffice. This submittal does not require the provider's letterhead nor does it need to be the enumerator sheet. It can be a copy of the NPI page within the provider agreement or the page from the credentialing package. Beginning March 1, all new registrations for any provider types that require an NPI will not be registered until that NPI is in the AHCCCS system. As the compliance date draws nearer, the processing time will increase to 30-60 days. Consequently, encounters could pend if registration is not timely.

  Q As we are getting NPI numbers from providers, can we pass them on to you?

  A If Valerie receives only an NPI number, she cannot load it because there is no place to validate it, i.e. "this is Dr. Smith's NPI, and it is xxxxxx." A signature of someone who represents the provider must be included in order to authenticate the number.

  Q If we have a document that says I have Dr. Smith's number, i.e. "this is my NPI number," and it is signed and dated by the representative, is that sufficient?

A Yes. The credentialing form and agreement are also valid. There has to be authorization.

- FTP Provider's File….As of February 1, AHCCCS began production of the FTP provider's file on a weekly basis and is current with all NPI provider IDs submitted to date. The testing environment is refreshed with those NPI IDs on a weekly basis.
- Milestone Tracking Report….The request for the Tracking reports was sent out February 8. Anyone who has not replied will be contacted within the next 2-3 days.
- NPI Testing Reminders….The original testing plan for all testing to be completed by the end of the month is not going to happen. You are encouraged to test as soon as possible but AHCCCS has not put forth an end date on completing this.
- Questions and problems? Email the HIPAA Workgroup or lori.petre@azahcccs.gov.

NPI Standards Body Activities — Mary Kay McDaniel

1. National Uniform Billing Committee (NUBC)

   Changes to the UB04 are proving trickier to accomplish than one might think. There are many changes and instructions in the manual. Since these changes are not highlighted, they are hard to decipher. Some Revenue Codes are no longer available. They are occurrence codes that will be allowed on the paper form but not on the electronic form. For those who are receiving paper forms, how are you going to turn them around for the electronic? Remember, in the future, the Front-End Validator will stop the end-dated Revenue Codes based on the date the transaction was created. Because two major scanning companies are having problems with the form, it appears advisable for others to also look at their own systems and update their scanners.

   According to the NUBC, the UB04 Manual will be updated once a year and will contain all the data maintenance from the previous year. The first changes will take place October 1.

   There is a major debate at the national level with the Deficit Reduction Act (DRA) and the UB. The hospitals do not want to have to provide the national drug code on the inpatient UB – it is too difficult. The DRA is in favor of the code and we are awaiting the outcome.

2. National Uniform Code Committee (NUCC)

   The 1500 claim format is even more challenging that the UB04 – especially at the shaded areas. The same issues regarding the NDC are not applicable to the 1500. There are complete instructions in the manual about how to bill using the national drug code. The scanner companies are finding the new shaded areas of the 1500 problematic.

3. ADA Dental Claim Form

   The dental form is retroactive from January 1. Changes to equipment and systems are required to accommodate the form.

4. X12 Conference, January 28 – February 2, 2007

   Claim Adjustment Reason Codes -

   The Claim Adjustment Reason Code Committee met on Sunday. Updates to code sets will be available as of March 1. Code sets that are not medical in nature are not date-of-service driven – they are transaction-date driven. The Validator will edit, based upon the date the transaction is created. Revenue codes are not a medical code set but are based upon the date that the transaction was created. A claim with a revenue code that got end-dated, prior or after the date of service, will not make it through the validator edits.

   CMS Update –

CMS is serious about the ICD-10, which will replace ICD-9. There is some policy regarding ICD-10 that has left the CMS Policy Unit. It has been cleared by OESS and will leave OESS for DHHS for final approval. From there, it will head on to OIG and the budget people to determine any budget period impact. The only way ICD-10 can be implemented is if the 1510 version of the transaction is implemented either prior to requiring the ICD-10 or at the same time. In addition, CMS has requested a work-around in the current 4010A1 version for present-on-admission diagnosis codes. There are 2 other states [CA and NY] that currently require that same present-on-admission in the K3 segments the way Medicare will require it.

For any paid claims left in the system since May 22, the Medicare cross-over claims process for 835 transaction compliance on May 23 will require an NPI, for any provider who has an NPI, whether or not there is an NPI on that claim going out on the remit. Medicare may determine they are gong to drop noncompliant claims to paper but are rethinking that response.

DRA Other Insurance Inquiry –

DRA requires an eligibility check for other insurance for Medicaid. Several questions remain to be answered: "1) Who is going to do it?, 2) How are we going to do it?, and 3) Who is ultimately responsible at the end of the day for making sure it happened?"

CMS was open to comments at the X12 Conference and received much feedback. The VP of Finance at Montefiore Medical Center in New York offered a suggestion that generated much interest. They advised that the eligibility check be done twice: once by the owner of the contract for the recipient, whether that be Medicare, Medicaid, or an employer group, and a second time by whoever is dropping a bill, as there is no reason for not sending out a 270 and getting a 271 response.

There is a contention at the national level which wants to use the 834 transaction as a request and response for other insurance. The X12 workgroup voted that down because it was thought to be a non-appropriate use of that transaction. They suggested using the 270/271 Eligibility Request and Response or the Unsolicited 271. CMS can ignore that X12 decision and so far does not want to compromise.

There are four required search options in the implementation guide for the 5010, 270/271 transactions. CMS refuses to do a search with only two pieces of information, i.e., name and other identifier. As their attorneys were writing the review rules for the new version of the transaction, CMS found they do not like the 5010 version of the 270/271 transaction which requires the 4 alternative search options. In their attorneys' opinion, people can get information on the wrong recipient because there was not enough information.

A reply from the standards group stated that, unfortunately, the 5010 versions for the transactions have already been moved forwarded and there is no way to pull them back to make a change. The only way to make a change is to progress to the next version, which, at this point, may be the 5050 version. No one was happy with the outcome. Providers really don't like the way they work. There were some interesting debates on this issue at the Conference, including those between providers, representing their own needs.

In the 837 workgroup, for example, the topic of drugs was covered over four days. Moving the NCPDP transaction into the 837 in the professional to allow for the appropriate billing of drugs was difficult. The home infusion companies are very unhappy about this. Other providers are favorable.

5. 837 Institutional Claim Form

There are issues with the 837 institutional claim forms for nursing homes. The admission date does not seem relevant for a 5-year resident yet Medicare wants that date because they pay for only 90 days. Are there other elements that aren't actually relevant to a LTC Inpatient Claim: Admission source? Admission hour? Level of care? Feedback on this and other nursing home claim problems is welcomed! Should requirements be added or altered? Stating requirements in a fashion to meet everyone's needs is possible but communication is essential. **Please forward your remarks before May 25 and the next X12 Conference to: marykay.mcdaniel@azahcccs.gov or call 602-417-4307**.

6. Real Time Claims Adjudication

Real Time Adjudication is popular with providers. They want to know in real time how much a patient owes or what paperwork is still necessary. There will be future meetings. The industry welcomes this concept. According to the presented facts and numbers at a recent conference, there was a 40% difference in receivables for those providers who know the amount a patient needs to pay before that patient leaves the office. One to one communication is more effective and efficient.

7. NPI

Enumeration statistics for Arizona: Total number of providers who have enumerated - 32,507 as of February 6. Of this number, 25,447 individual providers and 7,060 organizations have registered. Considering there are 79 hospitals, the number of "other" organizations is impressive.

Hot topics at the NPI Forum included taxonomy codes, referring providers, organizations as billing providers on 837 transactions, continuation of the dual-use period, and testing. Providers shared their experience in their NPI testing. Aurora Healthcare and Mayo Clinic can put numbers to their testing and will tell you the NPI is a bigger threat to their receivables than the 837 transactions were. South Coast Hospital Systems reported they are cleaning out their receivables and another has doubled their credit line in preparation of the May 23rd date.

8. CMS Announcement at X12 – January 31, 2007

The NCVHS met at the end of January. The testimony is available online at the NCHHS website at http://www.ncvhs.hhs.gov (click on links at bottom of page). As a result of the public hearing at the Standards Subworkgoup, a recommendation was forwarded to the full committee, who voted on it. The preliminary recommendation submitted to DHHS recommendation is 1) relaxation on the May 23 deadline, with no slacking off [providers MUST obtain their NPI by May 23] and 2) end-to-end testing is critical to successful NPI implementation. Testing takes much longer than anticipated and it is critical to do complete cycles [Claims through remit]. Some health plans cannot test through complete cycles. This is causing concern with providers especially if the health plan happens to be a large percentage of their income.

Mary Kay opened the floor for questions:

1. If an NPI was submitted on an encounter that is not an NPI in the AHCCCS system, will it go through?

   It will pass through the Validator but will not make it through Adjudication.

2. Should a health plan/program contractor provide NPI numbers of other contracted providers? We had this request from a nursing facility because it would benefit them in billing Medicare. They are required to use the NPI for referring physician.

   Until a dissemination policy is released, I would caution everyone to discuss this with their legal counsel.

3. Does AHCCCS accept any other documentation from providers of their NPI, other than the statement from the NPI enumerator? We have providers faxing personalized notices.

AHCCCS will accept the information from the credentialing packages, as long as there is an authorizing signature on the information sent. Providers may also submit a spreadsheet with an accompanying signature.

4. Since submission of NPI is now mandatory, it is unclear what causes the encounter to pend. Will it pend if it does not have a NPI, but neither does AHCCCS?

   It can. If the provider type requires an NPI and the encounter comes in with a Legacy ID, the encounter will pend.

   Will it pend if it contains a NPI, but AHCCCS does not have a NPI?
   Yes.

   Will it pend if the encounter contains a NPI, but the NPI is different than AHCCCS has?
   Yes.

5. In an NPI test file it was noted that a PO Box in the Service Address was allowed on an encounter file. When will the PO Box Service Address restriction edit be implemented at AHCCCS?

   The PO Box editing will happen with the Validator.

6. In multiple test encounters that were submitted without an attending physician NPI, the encounters did not pend for error code U006 - Attending Provider NPI Is Missing or Invalid. Is this edit in place and if so, under what conditions?

   Please share examples.

7. If a provider in the AHCCCS provider file has an NPI where the begin date and end date are equal, is that a "back-out"?

   In the logic of the NPI a provider has an NPI – an individual or an organization only ever has one NPI – it doesn't matter what the date should be. The only time you should see an end date on a provider is if he has requested that his NPI be terminated because of fraud. At this point inn time, no one has been end-dated.

8. Did have a provider that has a begin and an end date and there is another provider with that same NPI with an open-ended date. Have two providers with the same NPI: one has the date range and the other one is open-ended but the overlap.

   Send examples. The PMMIS tables will not allow two open end dates with the same NPI on the ALT tables.

9. If a provider in the AHCCCS provider file has an NPI with a term date in the past, does that mean it would not be active for NPI reporting? For this particular provider, there is another provider with that same NPI who has a begin date before this provider and is open ended.

   Please send examples. Sounds as though there was an error and needs to be researched.

10. Since there have been delays and problems with the AHCCCS test cycles for NPI testing, will the deadline for encounter NPI testing be moved back?

    Yes, it is extended! Continue to test!

11. Is the locator code required with the NPI?

    No.

12. Will atypical providers, continue to use the 6-digit with the 2-digit locator code?

    Yes, as long as that provider has not applied and obtained an NPI. If they have, then they must use the NPI. For atypical providers, the way you submit encounters today does not change. But for your health care servicing providers, it does change.

    Processing for atypical providers will work as it does today, if they do not have an NPI. There are some atypical providers who have acquired NPIs.

Closing — Lori Petre

In closing, Lori apologized for the meeting beginning late and reminded everyone of the next Consortium to be held on March 28, 2007.

The Meeting adjourned at 4:00 p.m.